

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536683

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/	/		
2			1			
3	2			1		
4	10			1		
5	8			1		
6	8			1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	6	↔	5	↔		↔
TOTAL CLAIMS	7	[REDACTED]	6	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↔	↔
TOTAL DEP.		↔			↔	↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]